

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

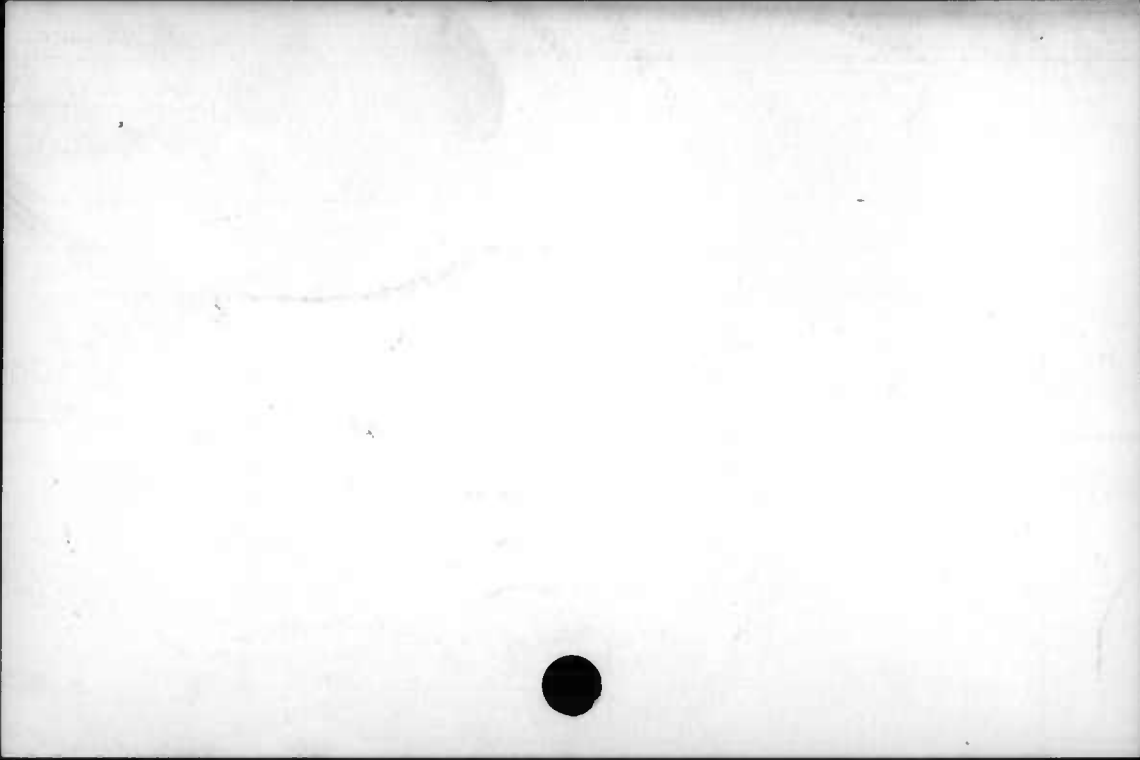
Died at <i>Chesapeake City</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>7</i>	Age <i>71</i>	Months <i>4</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>West C. Del.</i>		
Occupation <i>Seamstress</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Lorenzo Brader</i>			Father's Birthplace <i>Summit Bridge, Pa.</i>		
Mother's Maiden Name <i>Amelia Carance</i>			Mother's Birthplace <i>West Virginia</i>		
Name of person giving information <i>Joseph Johnson</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>7 days</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs.</i>	Signature of Physician <i>Clifton O. Lewis M.D.</i>
	Address <i>Chesapeake City, Md.</i>
Accident or Suicide?	



Name
in
Full

Lambert, Dennis Boulden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

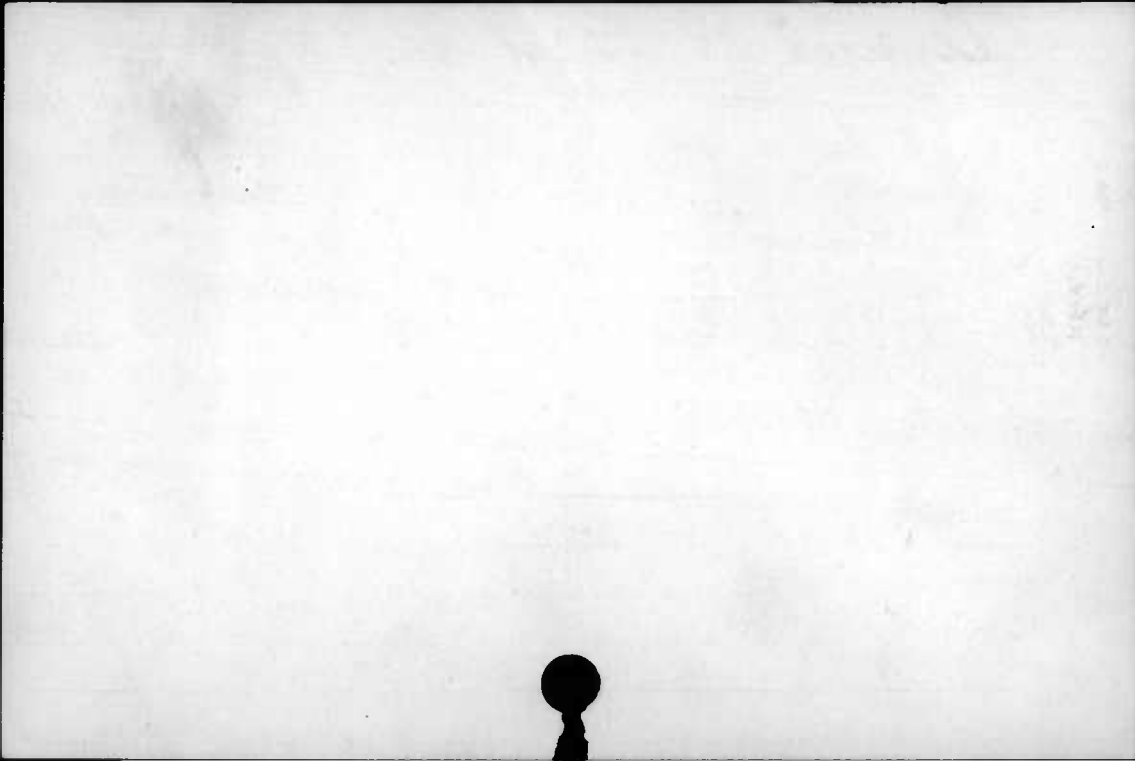
Died at		Bohemia Manor.		County Cecil.		MARYLAND	
Date of death	1908	Month	Feb'y	Day	18	Years	Age 77
Sex	Male	Color or Race	White	Birth-place	Cecil Co.	Months	6
Occupation	Farmer.		Where Residing if not at place of death		Bohemia Manor.		
Married, Single or Widowed	Married		Name of Wife or Husband		Hannah. A. Boulden.		
Father's Name	Richard. B. Boulden.		Father's Birthplace		Cecil Co.		
Mother's Maiden Name	Mary Ann. Harrington		Mother's Birthplace		Do not know		
Name of person giving information	Nettie Boulden.		How related to deceased		Daughter.		

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	Arterio Sclerosis	How long	about 5 years
Immediate	Hypostatic Pneumonia	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. B. Karsner M.D.	
Filed 1908		Address	
		Charleston City, W. Va.	
Accident or Suicide?		X	



Name
In
Full

Amelia H Brauer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Port-Deposit -^{County} CecilDate
of death 1908

Month Feb

Day 14

Age

Years 67

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

F G H Brauer

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

" " "

Mother's
Birthplace

" " "

Name of person giving
In formation

Amelia Ewing

How related
to deceased

Daughter

CAUSES OF DEATH

112

Primary

Cerebral of Scurv

How long

6 months

Immediate

Cerebral

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

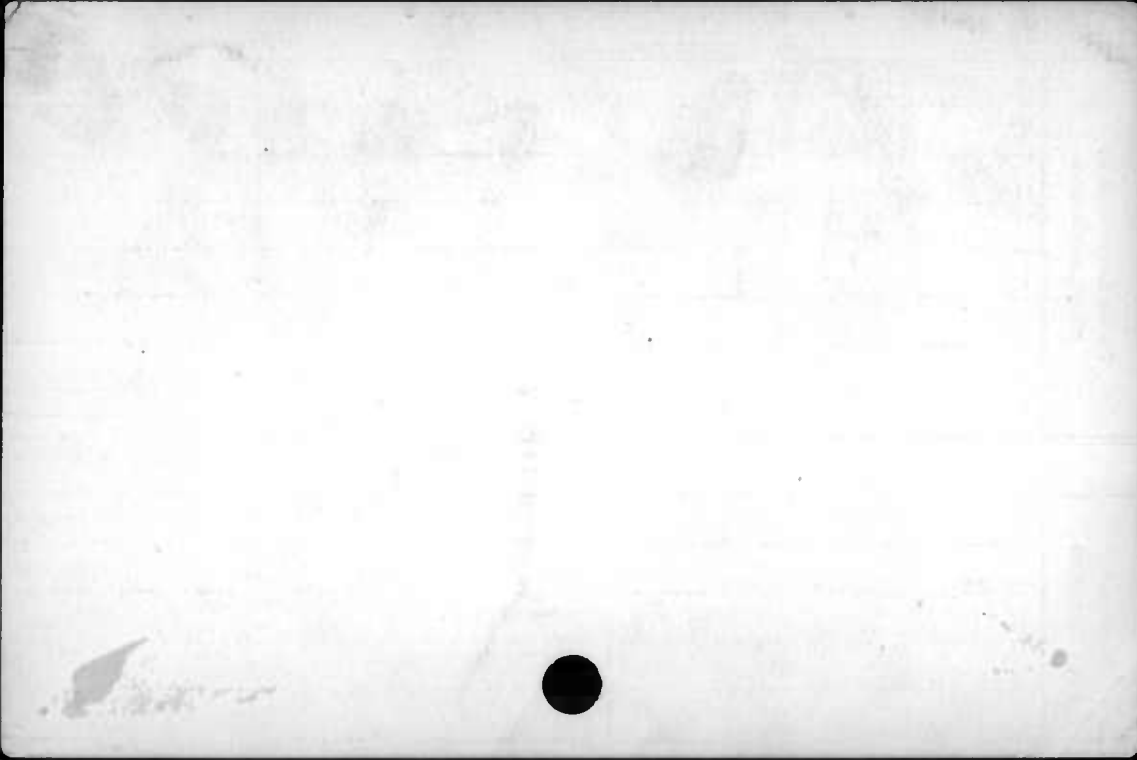
Signature of
Physician

H E Clemens

Address

Port Deposit

Accident or Suicide?



Name
in
Full

Harriet Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

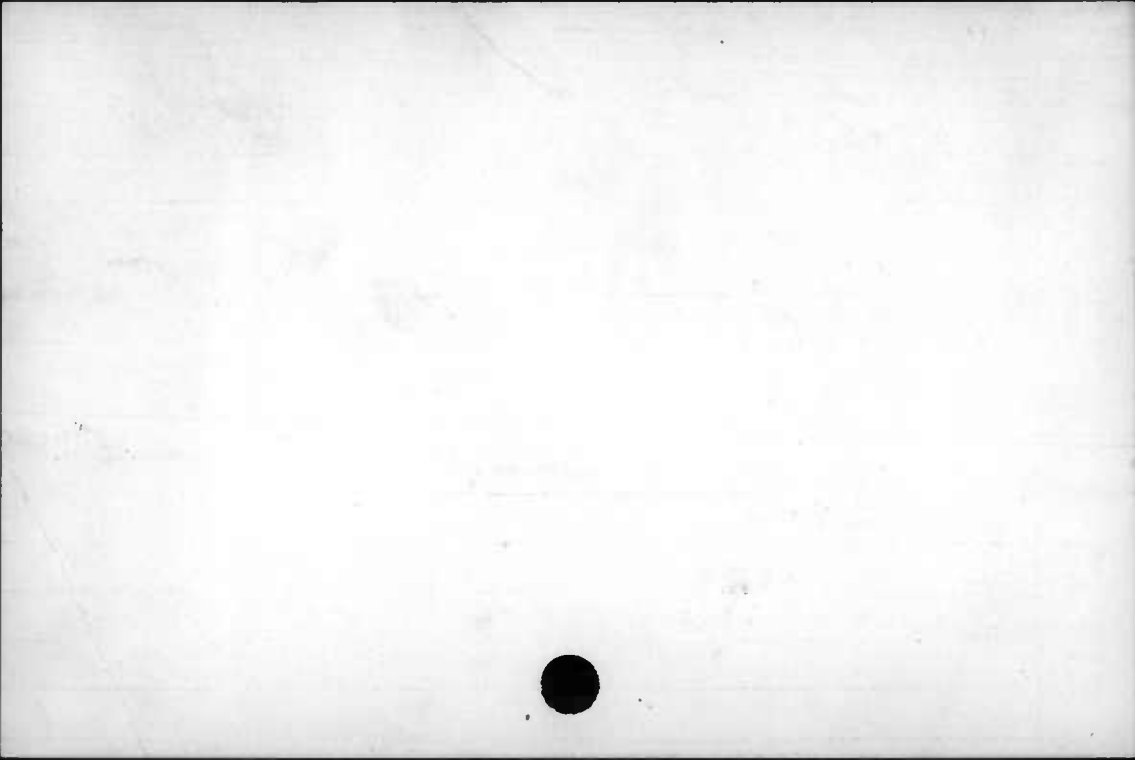
Died at <i>Phosphorick City</i> <small>Town</small>		<i>Prace</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>Sept</i> <small>Day</small>	Age <i>32</i> <small>Years</small>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband <i>William Preston</i>		
Father's Name <i>Richard Parker</i>			Father's Birthplace <i>Egypt, Pa.</i>		
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>-</i>		
Name of person giving information <i>Carrie Betts</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary <i>Myocarditis</i>	How long <i>about 1 year</i>
Immediate <i>Collapse with cardiac paralysis</i>	How long <i>about 7 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Clifton O. Lang M.D.</i>
	Address <i>Phosphorick City Md.</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

George W. Burgien

CERTIFICATE OF DEATH

MARYLAND

Died at *Belvidue* TownCounty *Cecil*Date of death *1908 Feb.* MonthDay *20th*Age *71* Years

Months

Days

Sex *male*

Color or Race

white

Birth-place

Penna

Occupation

Labour

Where Residing if not at place of death

Married, Single or Widowed

married

Name of Wife or Husband

Mary A Burgien

Father's Name

John L. Burgien

Father's Birthplace

Penna

Mother's Maiden Name

Catharine Lemon

Mother's Birthplace

Maryland

Name of person giving information

Mary A Burgien

How related to deceased

wife

CAUSES OF DEATH

79

Primary

Heart Disease

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Richard Nelson

Address

*Owner of Cecil Co
Ecklin, Md.*

Accident or Suicide?

Natural



Name
in
Full

William A Bruce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town South</u>		County <u>Cecil</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>3</u>	Age <u>75</u>	Months <u>2</u>	Days <u>4</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>England</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Town South</u>			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband				
Father's Name <u>Joseph Bruce</u>	Father's Birthplace <u>England</u>		Mother's Birthplace <u>England</u>		
Mother's Maiden Name <u>Don't know</u>	Name of person giving information <u>Wm A Bruce</u>		How related to deceased <u>Don't</u>		

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary <u>Arterio Sclerosis</u>	How long <u>Don't know</u>
Immediate <u>Angina Pectoris</u>	How long <u>one month</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. J. Conroy M.D.</u>
	Address <u>Chesapeake City</u>
Accident or Suicide? <u>/</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Carter</i>		Town <i>Plumasville City</i>		County <i>Orcutt</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
		<i>1908 Feb - 9</i>		<i>59</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Bridge Tender</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband			
Father's Name <i>Richard Carter</i>				Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>-</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Nattie Stone</i>				How related to deceased <i>Daughter</i>			

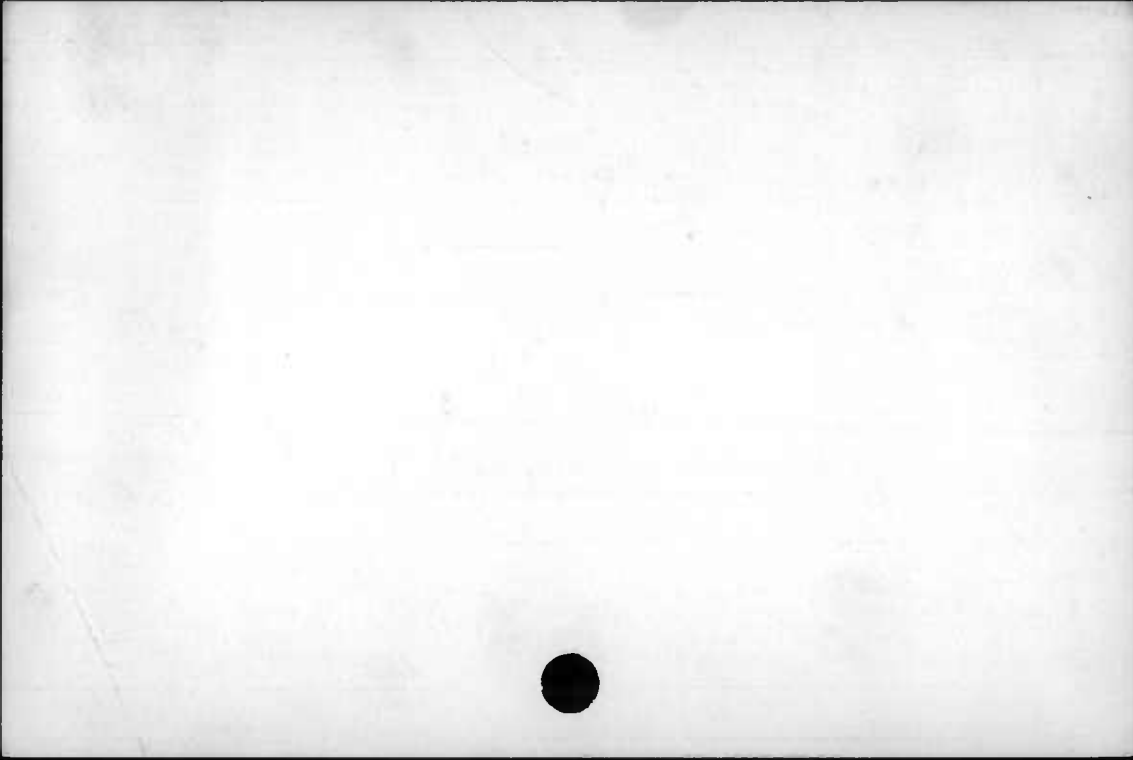
CAUSES OF DEATH

30

PHYSICIAN
OR CORONER

11

Primary Cause <i>asthma & collapse with Wrenia & cerebral symptoms</i>		How long <i>3 days</i>
Secondary Cause <i>Psoas Abscess</i>		How long <i>over 2 yrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Clifton Lewis MD</i>
		Address <i>Plumasville City</i>
Accident or Suicide?		



Name
in
Full

Helen Cowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Elk Mills</i>		County <i>Cecil</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Feb	19	86	8		
Sex		Color or Race		Birth-place			
Female		white		Scotland			
Occupation				Where Residing if not at place of death			
House wife				—			
Married, Single or Widowed		Name of Wife or Husband					
Widow		James Cowden					
Father's Name		Father's Birthplace					
David Aiken		Scotland					
Mother's Maiden Name		Mother's Birthplace					
Margaret Moody		Scotland					
Name of person giving information		How related to deceased					
John Cowden		Son					

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>10 yrs.</i>
Immediate	<i>cardiac asthma</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>C. P. Corrie MD</i>	
		Address	
		<i>Cherry Hill</i>	
		<i>MD</i>	
Accident or Suicide?			

bb1



Name
in
Full

Cassandra Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Perryville* ^{Town} *Cecil* ^{County} **MARYLAND**

Date of death *1908* / *Feb* / *24* ^{Month} ^{Day} Age *83* ^{Years} ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housekeeping* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Hy Davis*

Father's Name *John Barrett* Father's Birthplace *unknown*

Mother's Maiden Name *Eliza Smith* Mother's Birthplace *" "*

Name of person giving information *Henry W Davis* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's disease* ☒ How long *year*

Immediate

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Geo. M. Stearns*

Address *Perryville*

Accident or Suicide? ☒



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

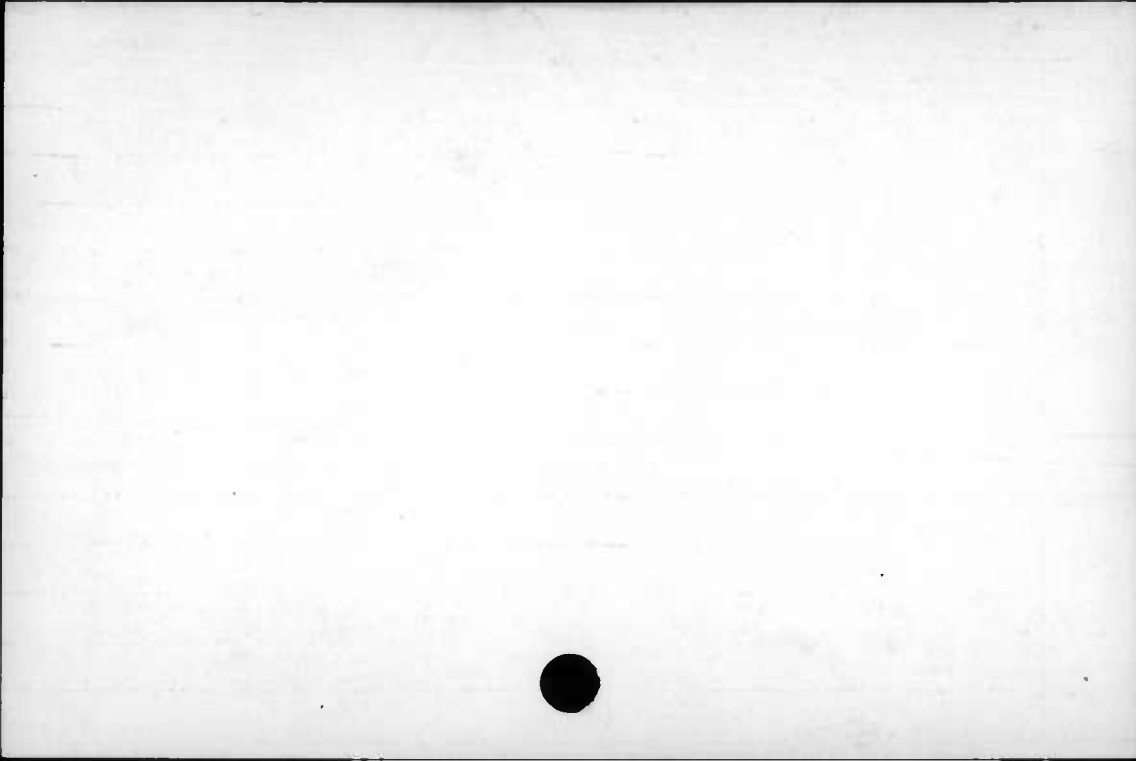
Died at <i>John H. Davis</i>		Town <i>North East</i>		County <i>Beale</i>		MARYLAND	
Date of death <i>1908 Feb'y</i>		Month <i>9</i>		Day <i>69</i>		Age <i>7</i> Months <i>19</i> Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Id.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband _____					
Father's Name <i>Richard Davis</i>				Father's Birthplace <i>Id.</i>			
Mother's Maiden Name <i>Martha</i>				Mother's Birthplace <i>Id.</i>			
Name of person giving information <i>Thos. R. Davis</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Heart failed</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. J. Hammett</i>
	Address <i>North East Md.</i>
Accident or Suicide? <i>H</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Wm James. De Coursony

Town *St Augustine* County *Creole*

Died at *St Augustine*

Date of death *1908* *Aug* - *19th* Age *77* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Carpenter* Where Residing if not at place of death

Married, ~~Single~~ or Widowed Name of Wife or Husband

Father's Name *Wm James De Coursony* Father's Birthplace *Md.*

Mother's Maiden Name *Elizabeth Lerner* Mother's Birthplace *Md.*

Name of person giving information How related to deceased *Wife*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Arterio Sclerosis with Cardiac Hypertrophy* How long *Some Years*

Immediate *Apoplexy (Hemorrhage)* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Chas. C. Lantz*

Address *Chesapeake City Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Susan Gardner* Town *Perryville* County *Cecil* MARYLAND

Died at *Perryville*

Date of death *1908* Month *Feb* Day *26* Age *84* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Robert - Gardner*

Father's Name *James Armstrong* Father's Birthplace *Ireland*

Mother's Maiden Name *Margaret - Bree* Mother's Birthplace *" "*

Name of person giving information *Mary H Gardner* How related to deceased *Daughter*

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary *Result of Proctored Thighs* How long *Weeks -*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Geo. M. Stoney*

Address

Accidental.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

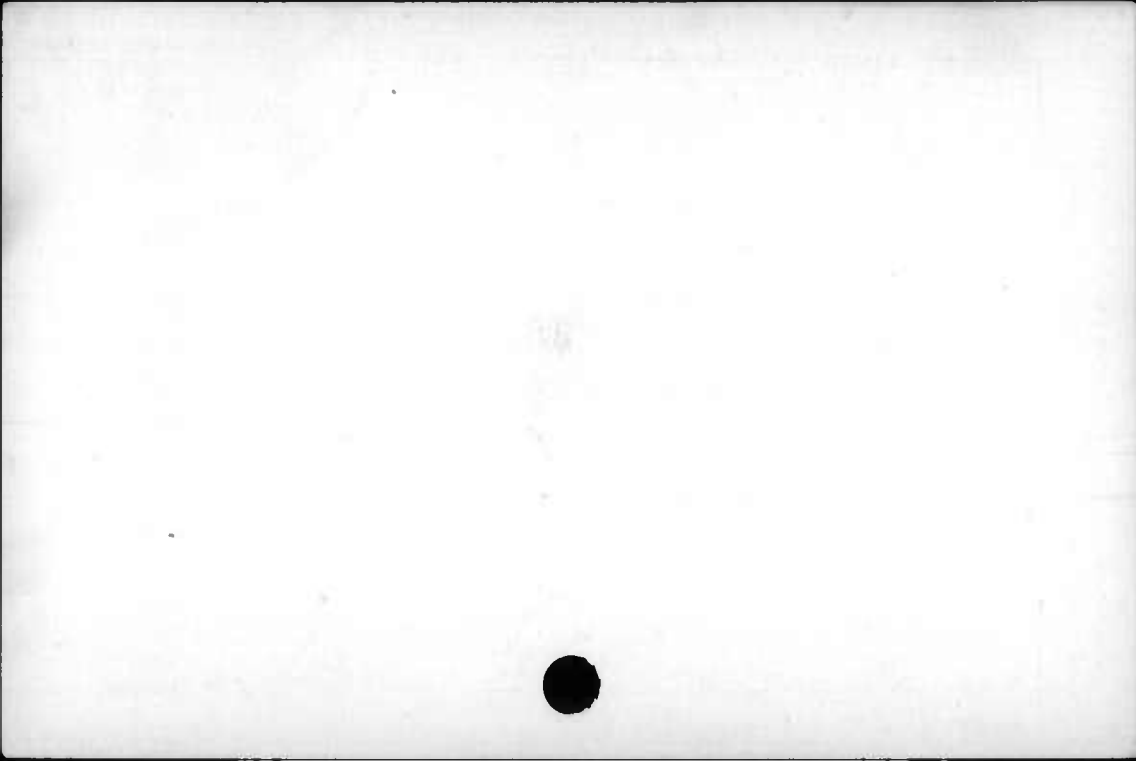
Died at <i>Principis Furnace</i>		Town <i>Cecil</i>		County	
Date of death <i>1908</i>		Month <i>Feb</i>	Day <i>19</i>	Age <i>93</i>	Years <i>7</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co Md</i>	
Occupation <i>Not any</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Gregg</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>in</i>			
Name of person giving information <i>Frances E Jackson</i>		How related to deceased <i>Not any</i>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Infirmities of old age</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. M. Stump</i>
	Address <i>Perryville</i>
Accident or Suicide?	



Name
in
Full

Cornelius Hitchens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

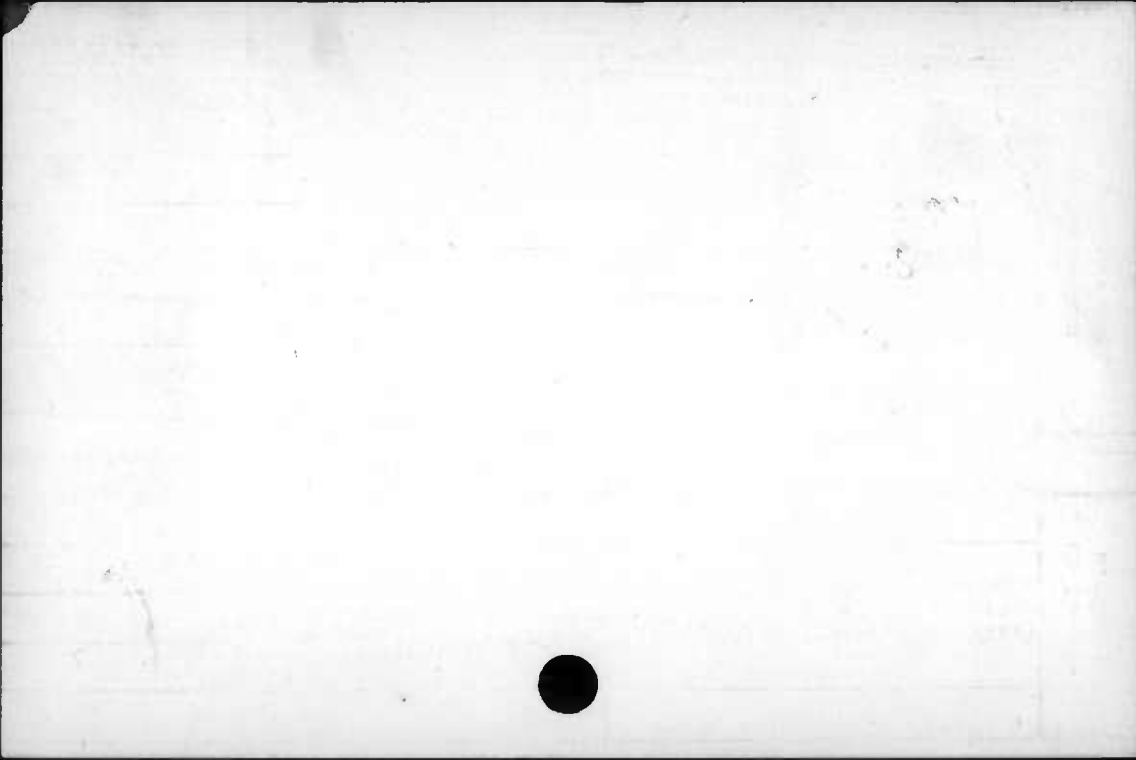
Died at		Electon		County		Beech		MARYLAND		
Date of death	1908	Month	Feb	Day	14	Age	3	Years	Months	Days
Sex	Male		Color or Race	White		Birth-place	Md.			
Occupation	—		Where Residing if not at place of death		—					
Married, Single or Widowed	—		Name of Wife or Husband		—					
Father's Name	German Hitchens					Father's Birthplace	Md.			
Mother's Maiden Name	Annie Dick					Mother's Birthplace	Md.			
Name of person giving information	Annie Hitchens					How related to deceased	Mother			

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	Catarrhal Pneumonia		How long	3 wks	
Immediate	—		How long	—	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		
			H. Arthur Hitchens		
			Address		
			Electon Md.		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Childs</i>		County <i>Clare</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>11</i>	Age <i>42</i>	Years <i>42</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Franklin Jefferson</i>			
Father's Name <i>Perry Sewall</i>		Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>not known</i>			
Name of person giving In formation <i>Sarah A. V. Nevins</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

135

PHYSICIAN
OR CORONER

Primary <i>Farturition</i>	How long <i>10 hrs</i>
Immediate <i>Post-Partum Hemorrhage</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. D. Corlies M.D.</i>
	Address <i>Cherry Hill, Md.</i>
Accident or Suicide?	

261



Name in Full		James Walter Kelly		Bridg		CERTIFICATE OF DEATH	
Died at		Town Cherry Hill		County Ceel		MARYLAND	
Date of death		1908		Month July		Day 17	
Age		38		Years		Months 1	
Sex		Male		Color or Race		White	
Birth- place		Maryland		Occupation		Carpenter	
Where Residing if not at place of death				Married, Single or Widowed		Single	
Name of Wife or Husband				Father's Name		James Thomas Kelly	
Father's Birthplace		Maryland		Mother's Maiden Name		Elizabeth Drummond	
Mother's Birthplace		Maryland		Name of person giving In formation		Elizabeth Kelly	
How related to deceased		Mother		CAUSES OF DEATH		1	
Primary		Typhoid Fever		How long		2 weeks	
Immediate		Intestinal Hemorrhage		How long		8 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		O.D. Corlies M.D. Cherry Hill, N.J.	
Accident or Suicide?							

861



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

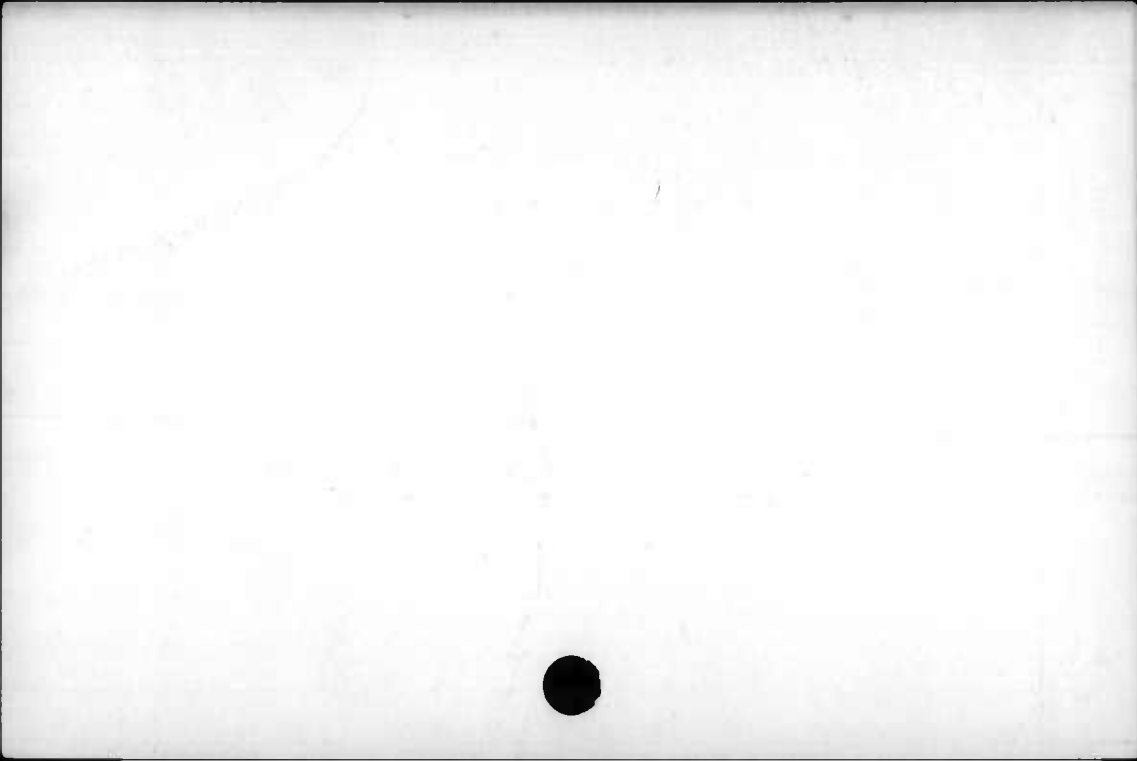
Died at <i>Perryville</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>3</i>	Age <i>—</i>	Months <i>1</i>	Days <i>14</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Perryville</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>John Kreider</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Sarah Kreider</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>John Kreider</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

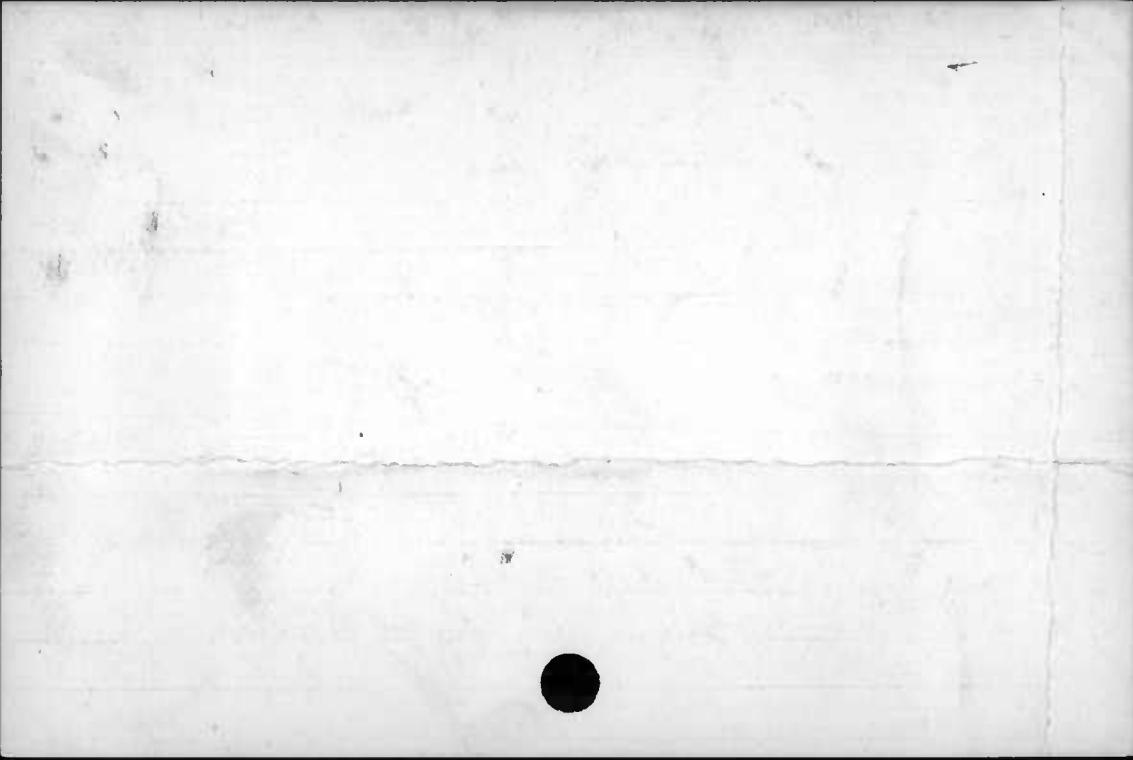
150

PHYSICIAN
OR CORONER

Primary	<i>Congenital Cardiac Malformation from birth</i>	
Immediate	<i>Progressive Cardiac Asthenia</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>L. H. Taylor</i>
		Address <i>Perryville</i>
Accident or Suicide? <i>—</i>		<i>ried.</i>



Name in Full		Samuel M ^c Canley				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Feb.	20	87	3		
Sex		Color or Race		Birth-place			
Male		White		Cecil Co. Md			
Occupation		Where Residing if not at place of death					
Shoemaker		Near Blake					
Married, Single or Widowed		Name of Wife or Husband					
Single		Had not any wife					
Father's Name		Father's Birthplace					
James M ^c Canley		Scotland					
Mother's Maiden Name		Mother's Birthplace					
Margaret Alexander		Cecil Co. Md					
Name of person giving information		How related to deceased					
Louisa M ^c Canley		Sister					
CAUSES OF DEATH							
Primary		La Grippe				How long	
Immediate		General debility				Ten days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
				Address			
				Cokech Md			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Gilly, Mary Mabel

Town *Meacham's valley* County *Cecil* MARYLAND

Died at *Meacham's valley*

Date of death *1908* Month *July* Day *15* Age *-* Years *-* Months *7* Days *-*

Sex *Female* Color or Race *colored* Birth-place *Meacham's valley*

Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *single* Name of Wife or Husband *-*

Father's Name *Roland Muesel* Father's Birthplace *Virginia*

Mother's Maiden Name *Ada Davis* Mother's Birthplace *Jersey*

Name of person giving information *Roland Muesel* How related to deceased *Father*

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary *Throating Cough* How long *3 weeks*

Immediate *-* How long *-*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *L. J. Hammick*

Address *North East*

Me

Accident or Suicide? *-*

Records of the M. P. Church
1882

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Hyland Price</i>		Town <i>Cecil</i>		County <i>Cecil</i>		MARYLAND	
Died at							
Date of death	<i>3</i>	Month <i>February</i>	Day <i>Monday</i>	Age <i>Seventy seven</i>	Years <i>11</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cecil County Md</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Cecil Maryland</i>				
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>M. A. Price</i>					
Father's Name <i>John P. Price</i>				Father's Birthplace <i>Cecil County Md</i>			
Mother's Maiden Name <i>Ivorie Conlin</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Thos Price</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

82

PHYSICIAN
OR CORONER

Primary	<i>Embolism Central artery</i>	How long	<i>Three days</i>
Immediate	<i>" " "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. N. Crawford</i>	
		Address <i>Cecil Md</i>	
Accident or Suicide?			

0-70-10-110

Name
in
Full

Laura Estella Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Conowingo</i>		^{County} <i>Seene</i>		MARYLAND	
Date of death	<i>1908</i>	^{Month} <i>Jul</i>	^{Day} <i>10</i>	^{Age} <i>18</i>	^{Years} <i>5</i>
^{Sex} <i>Female</i>	^{Color or Race} <i>Colored</i>	^{Birthplace} <i>Conowingo Md</i>			
^{Occupation} <i>Housekeeper</i>		^{Where Residing if not at place of death}			
^{Married, Single or Widowed} <i>Married</i>		^{Husband} <i>James Rice</i>			
^{Father's Name} <i>Lewis McClain</i>		^{Father's Birthplace} <i>Harford Co Md</i>			
^{Mother's Maiden Name} <i>Mary E Smith</i>		^{Mother's Birthplace} <i>Pennsylvania</i>			
^{Name of person giving information} <i>Margaret E Boyer</i>		^{How related to deceased} <i>Aunt</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

^{Primary} <i>Tuberculosis of Throat</i>	^{How long} <i>6 mo</i>
^{Immediate} <i>Exhaustion</i>	^{How long}
^{Are the name, age, sex, color, date and place correctly given above?} <i>yes</i>	^{Signature of Physician} <i>J. B. Allen</i>
	^{Address} <i>Pring Ave</i>
^{Accident or Suicide?}	



Name
in
Full

Charles A Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

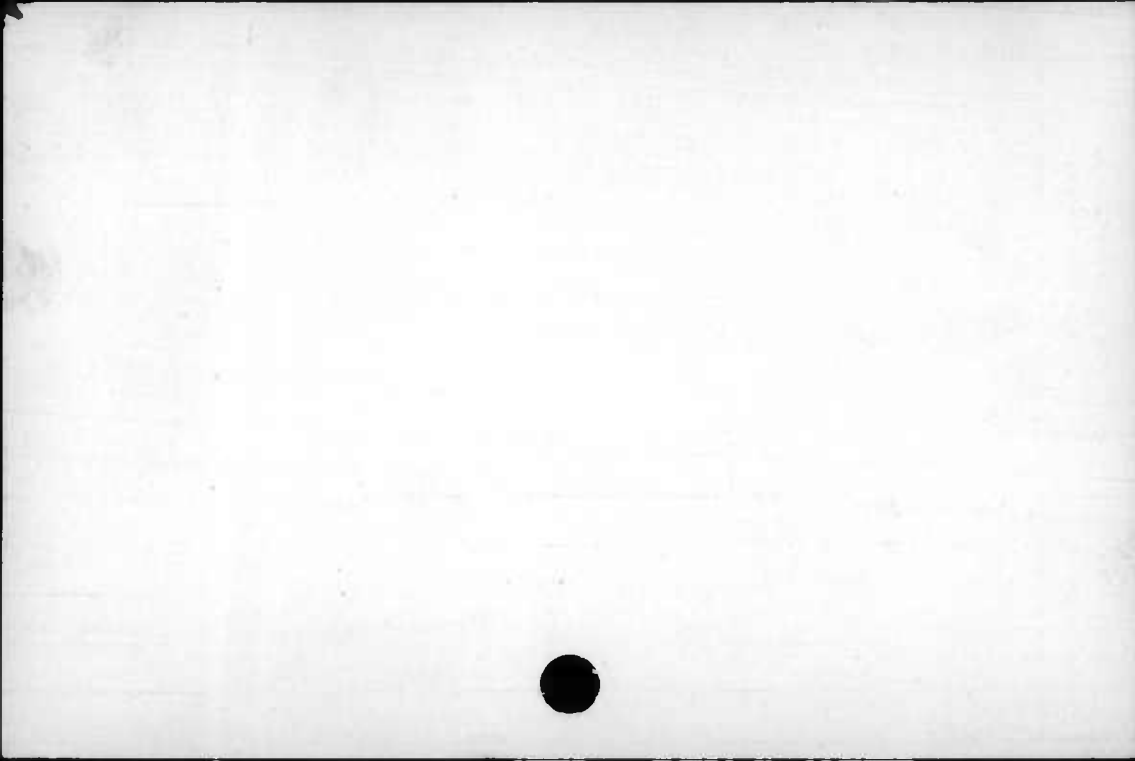
Died at		Town <i>Elkton</i>		County <i>Becil</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>12</i>	Age <i>50</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Wm Riley</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary E McDowell</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>Albert Riley</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Gastro Enteritis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ricketts Nelson</i>
	Address <i>Coroner of Cecil Co Elkton, Md</i>
Accident or Suicide? <i>Natural</i>	



Name
in
Full

Emma P Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

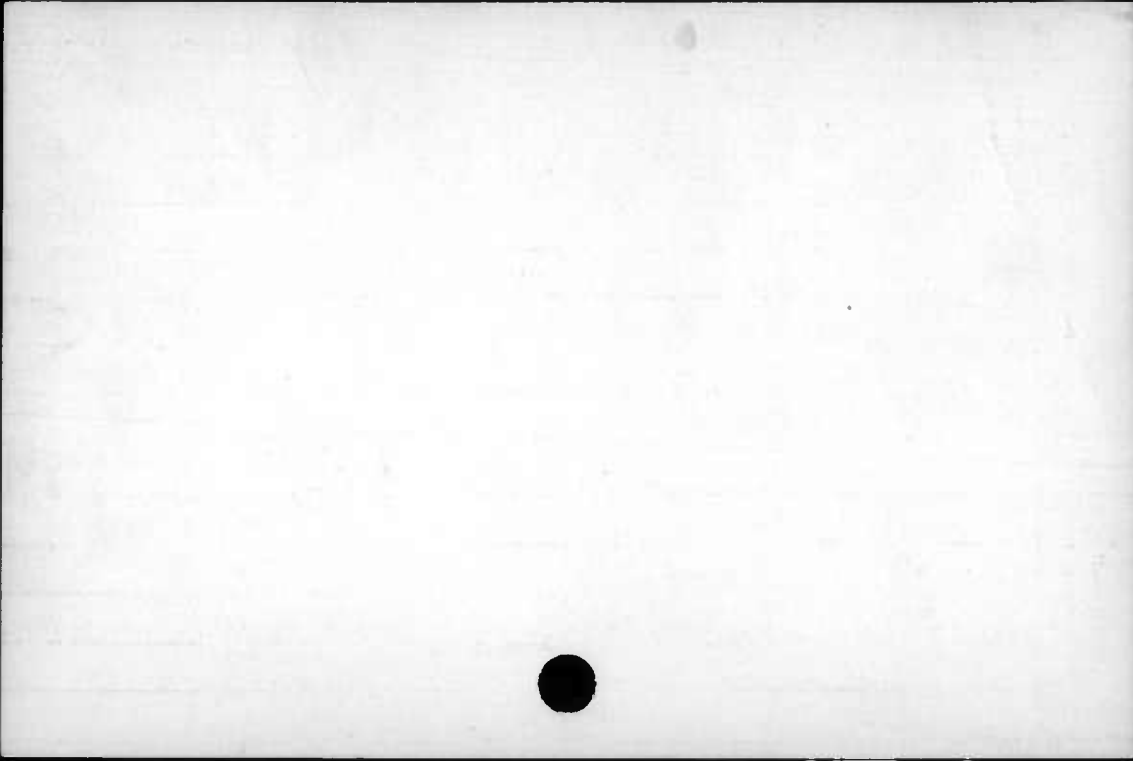
Died at		Town <i>Elkton</i>		County <i>Beecil</i>		MARYLAND	
Date of death	1906	Month	2	Day	21	Age	Years 78
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>W. Va.</i>
Occupation	<i>retired</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Andrew Jackson Scott</i>			
Father's Name	<i>Stacy Pancrust</i>				Father's Birthplace	<i>W. Va.</i>	
Mother's Maiden Name	<i>Eliza Hutton</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Charles Scott</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary	<i>Arterio Sclerosis</i>	How long	<i>—</i>
Immediate	<i>Angina Pectoris</i>	How long	<i>Dept. and sudden</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. Arthur Mitchell M.D.</i>
		Address	<i>Elkton Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i> ^{Town}		<i>beul</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>2</i> ^{Month}	<i>16</i> ^{Day}	Age <i>84</i> ^{Years}	<i>2</i> ^{Months}	<i>2</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Union md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>- - - - -</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary Simpkins</i>				
Father's Name <i>Jesse H. Simpkins</i>	Father's Birthplace <i>beul Co. md</i>				
Mother's Maiden Name <i>Fannie Miller</i>	Mother's Birthplace <i>beul Co. md.</i>				
Name of person giving information <i>Jesse H. Simpkins</i>			How related to deceased <i>Son.</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart</i>	How long <i>one year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. H. H. H. H. H.</i>
	Address <i>H. H. H.</i>
<i>X</i> Accident or Suicide?	

Union, N. E. Conn 19

Name
in
Full

Emeline F. Smithers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

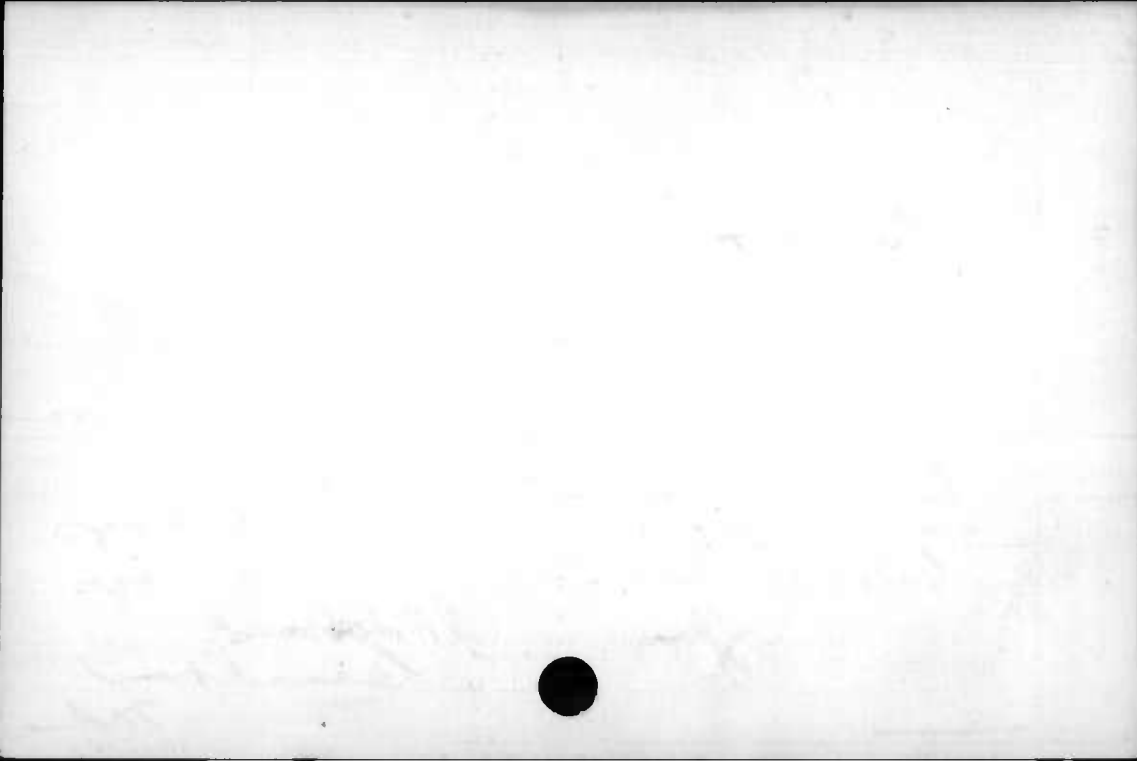
Died at <i>Chesapeake city</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>February</i>	Day <i>1st</i>	Age <i>82</i>	Years	Months <i>8</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Md</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>x</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Smithers</i>					
Father's Name <i>William Brown</i>				Father's Birthplace <i>Frederick Md</i>			
Mother's Maiden Name <i>Sarah Reynolds</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Waitress Smithers</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long <i>x</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W.C. Thomas MD</i>
	Address <i>Chesapeake City Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

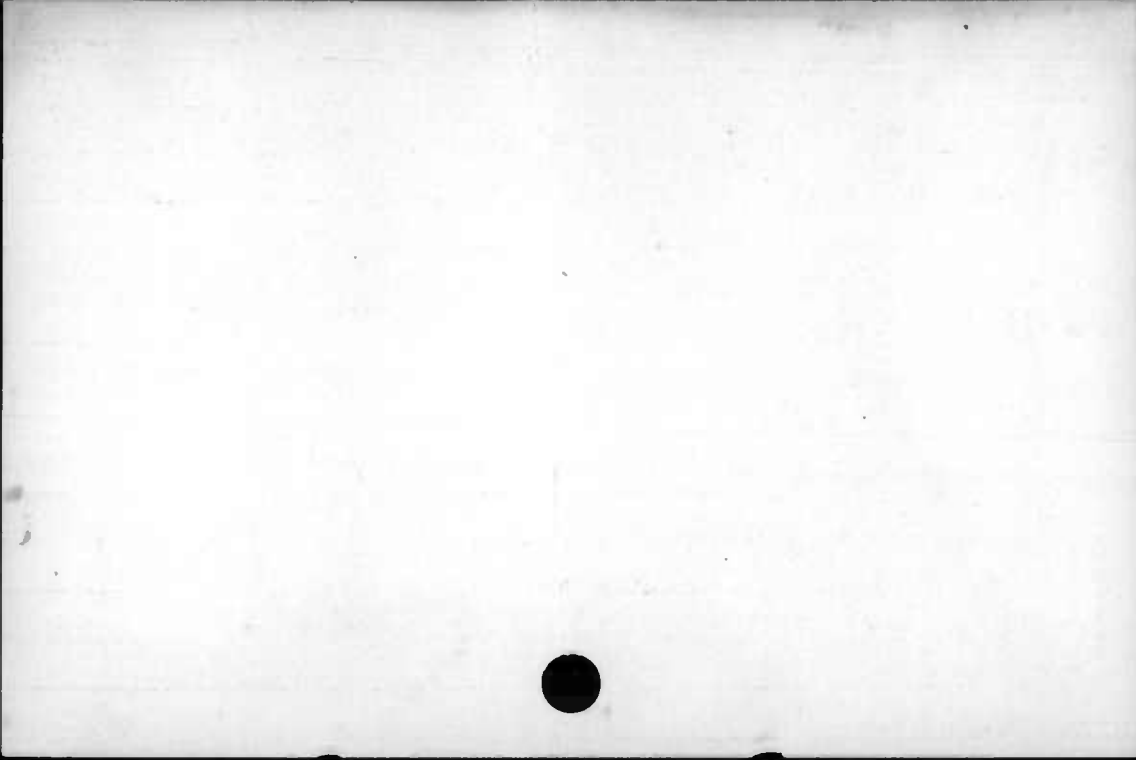
Died at <i>Cecil</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>2</i>	Day <i>5</i>	Age <i>62</i>	Years <i>62</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co. Md</i>		Months <i>—</i>	Days <i>—</i>
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>May V. Stradley</i>				
Father's Name <i>Thomas Stradley</i>	Father's Birthplace <i>Del</i>		Mother's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Perrine Ruley</i>	How related to deceased <i>Son</i>		Name of person giving information <i>Pearce E. Stradley</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>16 days</i>
Immediate <i>Gastric Pneumonia</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Black</i>
	Address <i>Cecilton Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

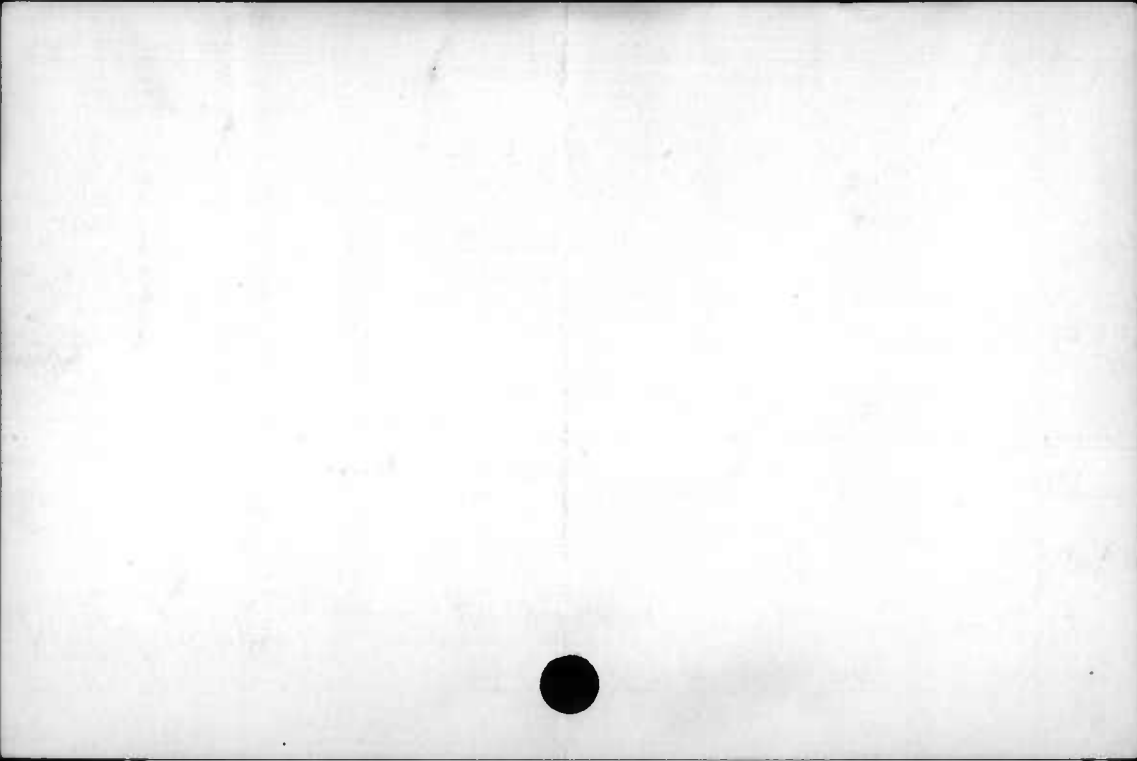
Died at <i>Banal</i> Town		<i>Beall</i> County		MARYLAND	
Date of death	1908	Month	Feb	Day	17
Age	<i>10 1/2</i>	Years	<i>10</i>	Months	<i>10</i>
Sex	<i>Girl-female</i>	Color or Race	<i>White</i>	Birth-place	<i>Banal</i>
Occupation	<i>none, child</i>		Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>none</i>			
Father's Name	<i>William H. Todd</i>			Father's Birthplace	<i>Christiana</i>
Mother's Maiden Name	<i>Nellie Halls</i>			Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>William H. Todd</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Nothing</i>	How long	<i>2 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. E. Clemens</i>
		Address	<i>Port Lefort Ind</i>
Accident or Suicide? <i>No</i>			



Name
In
Full

Caroline Trusty

CERTIFICATE OF DEATH

Died at *Exton* TownCounty *Cecil*

MARYLAND

Date
of death *1908*Month *Feb*Day *11*Age *80 ?* Years

Months

Days

Sex

*female*Color or
Race*Black*Birth-
place*Delaware*

Occupation

*Servant*Where Residing if not
at place of deathMarried, Single
or Widowed*Widow*Name of Wife or
Husband*Sibbons Stuart Trusty*Father's
Name*Harner Trusty*Father's
Birthplace*Don't know*Mother's
Maiden Name*Maria Crowell*Mother's
Birthplace*Don't know*Name of person giving
In formation*Mary Loane*How related
to deceased*Daughter*

CAUSES OF DEATH

154

Primary

Old age

How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Ricketts Nelson*

Address

Coroner of Cecil Co

Accident or Suicide?

*Natural**Exton, Md*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Alice & David

Name in Full Louise Veasey		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Almshouse <small>Town</small> Sevier <small>County</small>		MARYLAND
	Date of death 1908	Month Feb.	Day 25 - Age 86 <small>Years</small>
	Sex Female	Color or Race Colored	Birth-place Ind.
	Occupation Do Not Know	Where Residing if not at place of death Almshouse	
	Married, Single or Widowed No.	Name of Wife or Husband	
	Father's Name No known	Father's Birthplace Not known	
	Mother's Maiden Name No known	Mother's Birthplace Not known	
Name of person giving information John Mahony		How related to deceased Not related	
<div>CAUSES OF DEATH</div> <div>79</div>			
PHYSICIAN OR CORONER H	Primary Heart insufficiency	How long 3 years	
	Immediate Broken compensation	How long 2 years	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Chas. H. Miller	
		Address North East, Ind.	
Accident or Suicide?			

106

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i> ^{Town} <i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1908 Feb 10</i>	Age	<i>85</i>
Sex	<i>Female</i>	Color or Race	<i>Caucasian</i>
Occupation		Birth-place	<i>North East</i>
Married, Single or Widowed <i>+</i>		Name of Wife or Husband	
Father's Name	<i>Cyrus E. Wesley</i>	Father's Birthplace	<i>McCook's Blk</i>
Mother's Maiden Name	<i>Stella Nettie Mitchell</i>	Mother's Birthplace	<i>North East</i>
Name of person giving information	<i>Cyrus Elwood Wesley</i>	How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>85</i>	How long	
Immediate	<i>Epistaxis</i>	How long	<i>Not know</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>L. J. Hamrick</i>	
		Address	
		<i>North East Md</i>	
Accident or Suicide?			

Each from Breeding ground

Name
in
Full

John T. Heyton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greensburg</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>27</i>	Age <i>63</i>	Months <i>-</i> Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>W</i>		Birth-place <i>Duck Creek</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Greensburg</i>				
Married, Single <i>M</i> or Widowed	Name of Wife or Husband <i>Laure Kennedy Heyton</i>				
Father's Name <i>Wm. Heyton</i>	Father's Birthplace <i>Kennett</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Miss Laure Heyton</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>7 days</i>
Immediate <i>Angina Pectoris</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. L. Gifford</i>
	Address <i>Givensville</i>
Accident or Suicide?	

1000000
2000000

Name
in
Full

Wesley Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Principis Furnace</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>13</i>	Age <i>45</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co Md</i>			
Occupation <i>Labours</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Lizzie Jackson</i>				
Father's Name <i>William Wilson</i>	Father's Birthplace <i>Cecil Co Md</i>				
Mother's Maiden Name <i>Sarah A Murphy</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Lizzie Wilson</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

45

PHYSICIAN
OR CORONERPrimary *Cancer of Throat*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. M. Perry
Perryville

Accident or Suicide?

